PATENT APPLICATION FEE DETERMINATION RE Effective December 8, 2004								ORD	Application or Docket Number				
CLAIMS AS FILED - PART I								SMALL EN	<i>/</i> 0/ \	OTHER THAN			1
(Column 1) (Column 2)								TYPE		OR	SMALL	ENTITY	
U.S. NATIONAL STAGE FEES			67					RATE	FEE	ł	RATE	FEE	]
BASIC FEE			SMALL ENT. = \$ 150		LARG	SE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	300	1
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50 / \$100		. \$	her situations = 100 / \$ 200		EXAM. FEE			EXAM. FEE	200	1
SEARCH FEE			U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400		ALLO	ther situations = 250 / \$ 500		SEARCH FEE			SEARCH FEE	40	\$
FEE FOR EXTRA SPEC. PGS.			mi	nus 100 =		/ 50 =		X \$ 125 =			X \$ 250 =		1
TOTAL CHARGEABLE CLAIMS			69 minus 20 = * 4			49		X \$ 25 =		OR	X \$ 50 =	200	4
INDEPENDENT CLAIMS			7	minus 3 =	* <	1		X \$ 100 =		OR	X \$ 200 =	8700	1
MUL	TIPLE DEPEN	DENT CLAIM PRI	ESENT		Y			+ \$ 180 =		OR	+ \$ 360 =	310	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	45/0	
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER		(Colu	(Column 2) (Column 3) HIGHEST NUMBER PRESENT PREVIOUSLY EXTRA			SMALL E	ADDI- TIONAL	OR	OTHER SMALL E		
		AMENDMENT		PAID	FOR	EXIIVA			FEE			FEE	R
	Total		Minus	**	-	=		X \$ 25 =		OR	X \$ 50 =		S
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	. ·	MA
								TOTAL ADDIT. FFF		OR	TOTAL ADDIT. FFF		
		(Column 1)		(Colu	mn 2)	(Column 3)							8
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	): 
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		T
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		`
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
								TOTAL ADDIT. FFF		OR	TOTAL ADDIT. FFF		
**	If the "Highest Nu	umn 1 is less than the	d For" IN THIS	SPACE is les	s than '20	)', enter "20".							
	•	ımber Previously Pai nber Previously Paid					in the	e appropriate box	in column 1.		•		l

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